EXHIBIT R

Case 1:19-cv-04650-AJN-SN Document 112-6 Filed 03/29/21 Page 2.01 **Corrective Action Form** Store/Dept.: 3-/2 | Employee's Name: Manager's Name: Statement of Situation Manager's Statement Describe the situation leading to the completion of this notice. Use Corrective Action Plan Form, if necessary. Date of Occurrence(s): violation of our cush handling policies. I would use attached his till summary, but he never drops it! Employee's Statement Employee is encouraged to remark about this event. Use Corrective Action Plan Form Date of Occurrence(s): Description: **Corrective Action** (circle one) Varbal Written (circle one) Verbal Written Date: ___ By Whom: Date:_ By Whom: Comments: Comments: Employee scheduled to meet for follow-up evaluation on _ to review Action Plan to improve performance. See attached Action Plan, Other: Reinforcing Improved Performance Performance has (circle one): Improved not improved If performance has improved: If performance has NOT improved: Specific description of how employee performance has improved: Action Taken: Action Plan for continued reinforcement of improved performance: Signatures Next level manager Date

CONFIDENTIAL

Employee

6KU 104130

have read the above document and understand the information.

Yellow Copy-employee (if written action)

Pink Copy-manager/store copy Blue

Date

Blue Copy-Human Recources/Regional Office

DEF0000030

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RUA	
Corrective Action Form	
Store/Dept.: 7675 /14h216h	
Employage Names T ATTACK - 101	
Manager's Name: USUF JAWARA Today's Date: 04/24/US	
Statement of Situation	
Manager's Statement Describe the situation leading to the completion of this notice. Use Corrective Action Plan Form, if necessary. Date of Occurrence(s):	
Description: RAFAEL'S DEPOSIT WAS (9.78) S/NORT	
Description: RATICOS ISCIPIOS	
Employee's Statement Employee is encouraged to remark about this event. Use Corrective Action Plan Form, if necessary. Date of Occurrence(s): 4 2 7	
Description: I necept full responsability. I'll comy best to	
present eny future accument	
Section and ware occurred	
Corrective Action	
(circle one) Verbal Written (circle one) Verbal Written Date: By Whom: By Whom:	
Comments: Comments:	
Employee scheduled to meet for follow-up evaluation onto review Action Plan to improve performance.	
See attached Action Plan. IHTS IS A VIOLATION OF UNE CACH HANDLING POLICY ANY FULL INFEACTIONS WILL RESULT IN FURTIFIED CONDUCTIVE ALTION FOLI	RIHER
INFEACTIONS WILL REGULT IN FURTIFIED CONLECTIVE ALTION TOU	Pro
Reinforcing Improved Performance	
Date: Performance has (circle one): Improved not improved	
If performance has Improved: If performance has NOT improved:	
Specific description of how employee performance has Improved: Action Taken:	
Action Plan for continued reinforcement of improved performance:	
ACROT Frail for Continued Texistoceries to improve performance.	
Signatures	ICA
Signatures A A A A A A A A A A A A A A A A A A A	710
Manager preparing form Date Next level manager Date	
I have read the above document and understand the information.	
Employee Plate	-44
SKU 104130 Yellow Copy-employee (if written action) Pink Copy-manager/store copy. Blue Copy-Hurnan Resources/Regional Off	ice
CONFIDENTIAL DEF0000031	Sukari